

SARATOGA COUNTY
APPLICATION FOR ACCESS TO RECORDS

I HEREBY REQUEST (Please include as much detail as possible) _____

SIGNED _____

Date _____

Mailing Address _____

Phone _____

NOTE: Please return completed form to: Pamela Wright, Clerk of the Board, Saratoga County, 40 McMaster Street, Ballston Spa, New York 12020, Fax 518-884-4771 or email foil@saratogacountyny.gov

By submitting online, the typing of your name shall constitute a valid and legal signature for submission of your request. Saratoga County has the right to rely upon the information submitted and shall assume no obligations to verify the "signature" provided. Any submission not utilizing the proper and legal name of the individual requesting the information is subject to denial and/or prosecution.

☐ **Approved** _____ Pages of records are available for review or copying at 25 cents per page.

☐ **Denied for reason(s) checked**

☐ **Confidential Disclosure**

☐ **Part of Investigatory Files**

☐ **Unwarranted Invasion of Personal Privacy**

☐ **Record not maintained by this Agency**

☐ **No records responsive to request found.**

☐ **Exempted from the Freedom of Information Law by state or federal law**

☐ **Other (Specify)** _____

Signed _____ **Title** _____ **Date** _____

NOTICE: You have the right to appeal a denial of this application within 30 days of the date of the mailing or emailing of the denial to you. Your appeal must be in writing and filed with the Appeals Officer, County Attorney Stephen Dorsey, 40 McMaster Street, Ballston Spa, New York 12020 who must either overrule or sustain such denial in writing within 7 business days of the receipt of such appeal.

I HEREBY APPEAL _____ **DATE** _____